

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Docket Number (optional)

60322-USA2

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Pesticidal N-Substituted Azacyclic Derivatives, the specification of which is attached hereto unless the following box is checked:

☒ was filed on July 1, 2004, as United States Application Number _____ or PCT International Application Number PCT/US2004/021314 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 USC §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

_____	_____	_____	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below.

<u>60/485,297</u>	<u>July 7, 2003</u>
(Application Number)	(Filing Date)
_____	_____
(Application Number)	(Filing Date)
_____	_____
(Application Number)	(Filing Date)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

_____	_____	_____
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John M. Sheehan -- 26,065 Marcia D. Pintzuk --33,756
Paul A. Fair -- 35,866

Address all telephone calls to: **John M. Sheehan at 215-299-6966**

Address all correspondence to: Patent Administrator
FMC Corporation
1735 Market Street
Philadelphia, Pennsylvania 19103

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): Syed F. Ali

Inventor's signature: Syed F. Ali Date: February 27, 2006

Residence: Yardville, NJ Citizenship: US

Post Office Address: 34 Amsterdam Road, Yardville, NJ 08620

☒ Additional inventors are being named on separately numbered sheets attached hereto.

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued)

For the invention entitled: Pesticidal N-Substituted Azacyclic DerivativesFull name of second joint inventor, if any (given name, family name): Stephen F. DonovanInventor's signature: *Stephen F. Donovan* Date: 2/23/06Residence: Revere, PA Citizenship: United StatesPost Office Address: P.O. Box 121, Revere, PA 18953Full name of third joint inventor, if any (given name, family name): Leo B. DunganInventor's signature: *Leo B. Dungan* Date: February 23, 2006Residence: Lumberton, NJ Citizenship: United StatesPost Office Address: 8 Nutmeg Way, Lumberton, NJ 08048Full name of fourth joint inventor, if any (given name, family name): David M. RoushInventor's signature: *David M. Roush* Date: March 8, 2006Residence: Princeton, NJ Citizenship: United StatesPost Office Address: 14 Hamilton Avenue, Princeton, NJ 08542Full name of fifth joint inventor, if any (given name, family name): George TheodoridisInventor's signature: *George Theodoridis* Date: February 27, 2006Residence: Princeton, NJ Citizenship: United StatesPost Office Address: 45 Monroe Lane, Princeton, NJ 08540Full name of sixth joint inventor, if any (given name, family name): Thomas M. ZydowskyInventor's signature: *Thomas M. Zydowsky* Date: February 23, 2006Residence: Brooklyn, NY Citizenship: United StatesPost Office Address: 220 Senator Street, Brooklyn, NY 11220Full name of seventh joint inventor, if any (given name, family name): Rao S. BhandaruInventor's signature: *Rao Bhandaru* Date: March 2, 2006Residence: Belle Mead, NJ Citizenship: USPost Office Address: 4 Westminster Court, Belle Mead, NJ 08502

Full name of eighth joint inventor, if any (given name, family name): _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____

Full name of ninth joint inventor, if any (given name, family name): _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____

Full name of tenth joint inventor, if any (given name, family name): _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____